

KENTUCKY SUPPORTS FOR COMMUNITY LIVING SERVICES

ROSTER OF ALL INDIVIDUALS SUPPORTED

INSTRUCTIONS:

1. List each individual supported by name.
2. Indicate date of admission to agency and date of birth for each individual.
3. Enter "Residential Code", "Day Program Code" and "Other Services Code" using legend below.
4. Indicate level of mental retardation as follows:
P = Profound
S = Severe
Mo = Moderate
M = Mild
5. Check each additional characteristic that applies.

DEFINITIONS:

Corrective/Orthotic Devices include such devices as glasses, hearing aids, and braces.

Mobility Devices include such devices as wheelchairs and walkers.

Augmentative Devices include communication devices and manual sign.

Restraint includes mechanical and manual techniques.

LEGEND:

Residential Code	Residential Supports
1	In-Home (Living situation separate from services of the Provider)
2	Family Home
3	Staffed Residence
4	Group Home
5	Adult Foster Care
Day Program Code	Day Program Supports
1	Adult Day Training
2	Supported Employment
3	Day Program Situation Separate from Services of the Provider
4	Children's Day Habilitation
Other Services Code	Other Supports
1	Case Management
2	Community Living Support
3	Respite
4	Occupational Therapy, Physical Therapy, Speech Therapy
5	Behavior Support
6	Psychological Services